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Job-847

Appin. No.

09/894,608

Applicant

Agapi, et al. June 28, 2001

Filed TC/A.U.

2654

Examiner

Shortledge, Thomas E.

Docket No.

6169-208

IBM Docket No.

BOC9-2000-0073

Confirmation No. 5102

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TRANSMITTAL LETTER

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Fax Number 571-273-8300

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

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Please find enclosed for filing:

SEP 0 8 2005

- 1. Applicant's Response to Office Action; and
- 2. Fee Transmittal Form

Please charge any deficiencies or credit any overpayment to Deposit Account No. 50-0951.

Respectfully submitted,

Date: September 7, 2005

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{WP256259;1}

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being transmitted via faceimile transmission to MAILSTOP AMENDMENT, Commissioner for Patents, at facsimile number 571-273-8300, on

September 7, 2005

Data

, Reg. No. 47,652

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09394608

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			16					RATE	FEE	Ì	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TO	TAL CHARGEA	BLE CLAIMS	(6 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INC	EPENDENT CL	AIMS	3 minus 3 =		. 0			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in co						olumn 2		TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u> </u>	SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· /')	Minus] (0	=	▋┃	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	FNDENI	CLAIM	= /	1 1	X40=		OR	X80=	
				CHOCK	CCAIIII		ر ا	+135=	•	OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colui		(Column 3			٠	•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	77.000	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		<u> </u>] [X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+135=		OR	+270=	
								TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)		ADDIT. FEE		JO. 1	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		-	▋▐	X40=		OR	X80=	
	FIRST PHESE	NTATION OF MI	JUIPLE DEF	ENDEN	CLAIM		╛┟	+135=		1		
	' If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270= TOTAL	
***	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE i	s less tha	n 3, enter "3."	~	TOTAL ODIT, FEE			ADDIT. FEE	
•	The "Highest Num	ber Previously Pai	d For (Total or	Independ	ent) is the	highest numb	er fou	nd in the app	ropriate box	in col	umn 1.	